

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12962

State File No. _____

FILED MAR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u> Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>YEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> <u>1003</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pir William</u>			d. STREET ADDRESS (If rural, give location) <u>812 Williams</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>OLIVER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30, 1953</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>OCT. 29, 1893</u>	9. AGE (In years last birthday) Months Days Hours Mts. <u>79</u> <u>3</u> <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lyon Co. Ky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					
13a. FATHER'S NAME <u>Jim Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Drilla McComie</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>120</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lawrence Wright</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>177X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan 30</u> , 1953, to <u>Jan 30</u> , 1953, that I last saw the deceased alive on <u>Jan 30</u> , 1953, and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. C. Cuthbertson</u>			23b. ADDRESS <u>M.D.</u>		23c. DATE SIGNED <u>Feb 5, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harding Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>					
DATE REC'D BY LOCAL REG. <u>3-9-53</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. J. Taylor</u>	
				ADDRESS <u>Sikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 16 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 353-67

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4695

P. O. Address Epine, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.